

**Bayfield County
Planning and Zoning Dept.
PO Box 58
Washburn, WI 54891
(715) 373-6138**

Date Stamp (Received)
OCT 10 2017

Permit #:	17-0434
Date:	10-26-17
Amount Paid:	300 10-16-17

Permit #:	17-0434
Date:	10-26-17
Amount Paid:	300 10-16-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED	LAND USE	SANITARY	PRIVATE	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER
Owner's Name:	Madelena Sen Dale	Mailing Address:	86990 S Pratt Rd Bayfield, WI 54814	City/State/Zip:	715-779-3608	Telephone:	
Address of Property:	86990 S Pratt Rd	City/State/Zip:	Bayfield, WI 54814		Cell Phone:		
Contractor:	Lake Effect Builders LLC	Contractor Phone:	715-309-0000	Plumber:	Dennis Bachand	Plumber Phone:	715-373-2070
Authorized Agent: (Person Signing Application on behalf of Owner(s))	LEO Ketchum Fish	Agent Phone:	715-309-0300	Agent Mailing Address (include City/State/Zip):	P O Box 55 Washington WI 54811	Written Authorization Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID #	5134	Recorded Document: (I.e., Property Ownership)	2017 R	56855	
NW 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM	Voi & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 09, Township 50 N, Range 05 W	Town of:	Bayfield	Lot Size	Acres	40		

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : <u>380</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>100,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Holding Tank</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> <u>Slab</u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/> _____		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	2	Length: 41'6" x	Width: 8'6"	Height: 10'
Proposed Construction:		Length: 37'0"	Width: 20'0"	Height: 22'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
Commercial Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Bath, Kitchen, Living, Bed, Loft</u>	(37' X 20')	740
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Other: (explain) <u>Beezeway</u>	(8' X 7')	56

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: J. E. K. V.

Date 10/9/17

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 55
Washburn, VT 54989

Copy of tax statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

* See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	430 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	380 Feet
		Setback from the Bank or Bluff	
Setback from the North Lot Line	335 Feet	Setback from Wetland	750 Feet
Setback from the South Lot Line	930 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	400 Feet	Elevation of Floodplain	
Setback from the East Lot Line	860 Feet		
Setback to Septic Tank or Holding Tank	16 Feet	Setback to Well	30 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	35 Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

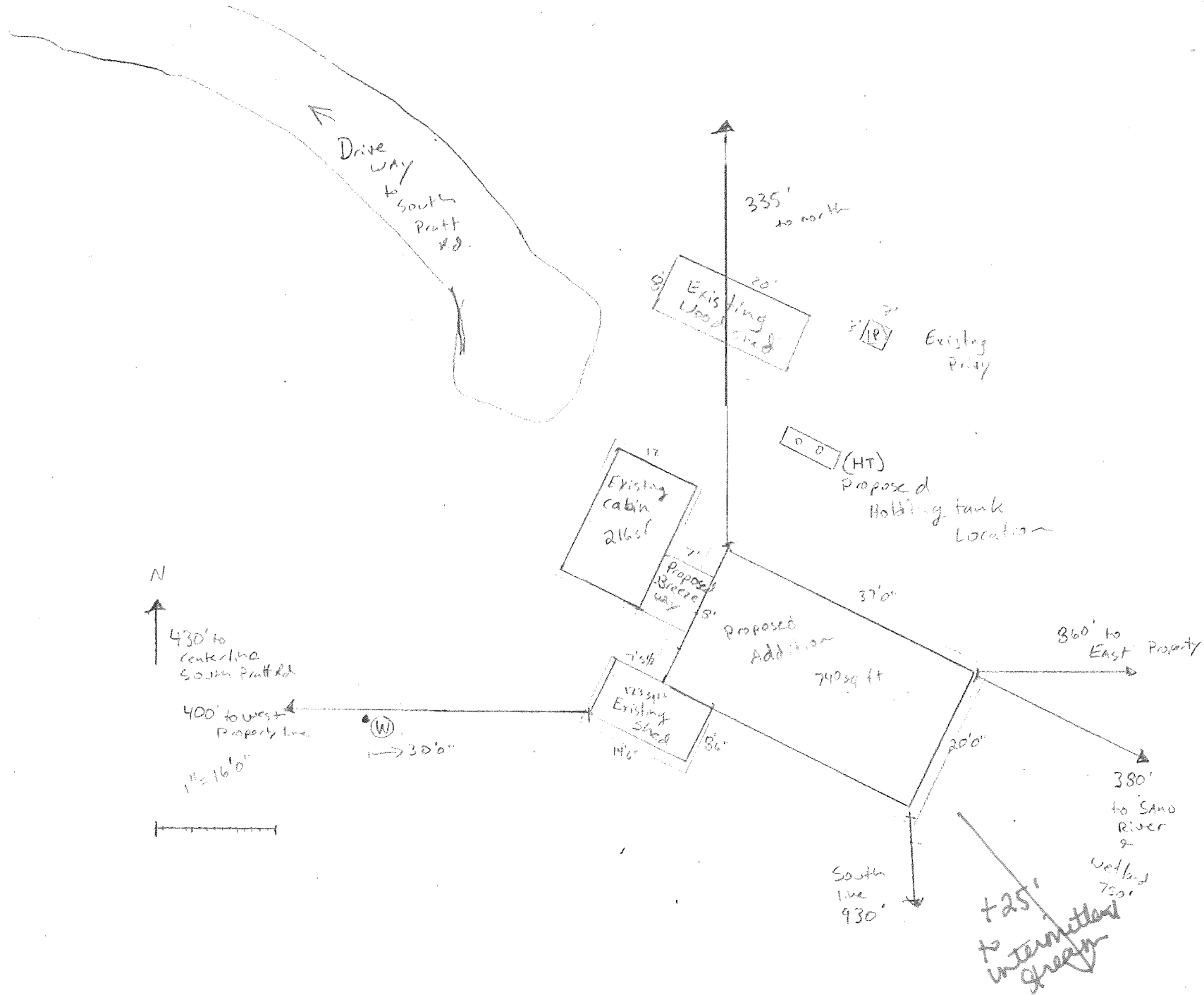
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	17-127 S		# of bedrooms:	4		Sanitary Date:	10-19-17	
Permit Denied (Date):		Reason for Denial:								
Permit #: 17-0434		Permit Date: 10-26-17								
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:								
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Inspection Record: 2012 permit + special A for mobile home? NO	Zoning District (A1-1)									
1110 for mit on file w/ permit. House built on chassis?	Lakes Classification (3-0 only)									
connecting separate addition structure as well	Date of Re-Inspection: n/a									
Date of Inspection: 10-20-17	Inspected by: JC Murphy									
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)										
All REQUIRES NOC PERMITS + INSPECTIONS SHALL BE OBTAINED + COMPLETED WITH.										
Signature of Inspector: [Signature]										
Date of Approval:										
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/> <input type="checkbox"/>										

(1)
(2)
the box below



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-127S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0434** Issued To: **Magdalen & Jen Dale**

Location: **NW** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **9** Township **50** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [1.5 - Story; Breezeway (8' x 7') = 56 sq. ft.;
Bath/Kitchen/Bed (37' x 20') = 740 sq. ft.] Total Overall = 796 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): All required UDC permits and inspections shall be obtained and complied with.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

October 26, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



DATE RECEIVED
OCT 1 / 2017
Bayfield Co. Zoning Dept

Permit #:	17-0441
Date:	10-30-17
Amount Paid:	\$900 10-17-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Arnold and Patricia Carver		Mailing Address: PO Box 1165		City/State/Zip: Bayfield, WI 54814		Telephone: 715-779-5561							
Address of Property: XXX City Hwy J		City/State/Zip: Bayfield WI 54814		Contractor Phone: 715-209-5228		Plumber: One Guy Plumbing		Plumber Phone: 715-209-1836		Cell Phone: 715-209-1836			
Contractor: Mark Skerman		Authorized Agent: (Person Signing Application on behalf of Owner(s)) John Thiel		Agent Phone: 715-209-1836		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# part of 5892		Recorded Document (i.e. Property Ownership)							
1/4, 1/4		Gov't Lot		Lot(s) CSM		Vol & Page		Lot(s) No. 16-20		Block(s) No.		Subdivision:	
Section 23, Township 50 N, Range 4 W		Town of: Bayfield						Lot Size		Acreage 10.95			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$360,000	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		<input type="checkbox"/>
<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 86	Width: 56	Height: 25
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property) Retail		(86 x 56)	4480
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	
<input type="checkbox"/> with Loft		()	
<input checked="" type="checkbox"/> with a Porch		(8 x 48)	
<input checked="" type="checkbox"/> with (2nd) Porch		(8 x 8)	64
<input checked="" type="checkbox"/> with a Deck patio		(20 x 50)	1000
<input type="checkbox"/> with (2nd) Deck		()	
<input checked="" type="checkbox"/> with Attached Garage		()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		()	
<input type="checkbox"/> Mobile Home (manufactured date)		()	
<input type="checkbox"/> Addition/Alteration (specify)		()	
<input type="checkbox"/> Accessory Building (specify)		()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/> Special Use: (explain)		()	
<input type="checkbox"/> Conditional Use: (explain)		()	
<input type="checkbox"/> Other: (explain)		()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(if there are Multiple Owners, all on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit PO Box 159 Bayfield WI 54814
Attach
Copy of Tax Statement

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



Changes in plans must be approved by the Planning & Zoning Dept.

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner, within 500 feet of the proposed site of the structure, or must be verifiable by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Inspector: _____

Marly: <input checked="" type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____
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red municipal
can subject
letter & grand

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c

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – City
SIGN –
SPECIAL –
CONDITIONAL – Goes with #17-0179
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0441** Issued To: **Arnold & Patricia Carver / John Thiel, Agent**

Location: - ¼ of - ¼ Section **23** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot **1-21** Block Subdivision **Lake View Heights** CSM#

For: **Commercial Principal Structure: [1- Story; Retail Store (86' x 50') = 4,300 sq. ft.;
Porch #1 (8' x 48') = 384 sq. ft.; Porch #2 (8' x 8') = 64 sq. ft.;
Patio (20' x 50') = 1,000 sq. ft.] Total Overall = 5,748 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No wetland(s) shall be disturbed in the building process. Use of property and buildings must comply with Conditional Use Permit. Commercial building permit and inspections shall be obtained and complied with.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

October 30, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
OCT 27 2017

Bayfield Co. Zoning Dept.

Permit #:	17-0443
Date:	10-31-17
Amount Paid:	\$105 10-31-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: ROY'S POINTE LIMITED PARTNERSHIP	Mailing Address: PO BOX 1436 BAYFIELD WI 54814	Telephone: 6123085623
Address of Property: FILE #3705 ROY'S POINTE BLVD	City/State/Zip: BAYFIELD, WI 54814	Cell Phone: 6123085623
Contractor: DAVID CUBBERSON	Contractor Phone: 715 2614809	Plumber: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s)) DAVID CUBBERSON	Agent Phone: 6123085623	Agent Mailing Address (include City/State/Zip): PO BOX 918 BAYFIELD WI 54814
PROJECT LOCATION	Legal Description: (Use Tax Statement) 1/4, 1/4	Tax ID# 37644
Section 6	Township 50	Range 3
Distance Structure is from Shoreline: 530 feet	Distance Structure is from Shoreline: 530 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Distance Structure is from Shoreline: 530 feet	Distance Structure is from Shoreline: 530 feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 20,000	Project	# of Stories 1	Foundation 1	# of bedrooms in structure 1	What Type of Sewer/Sanitary System is on the property? Municipal/City	Type of Water on property <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> (New) Sanitary	Specify Type: _____
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Year Round	<input type="checkbox"/> Use	<input checked="" type="checkbox"/> Rest Facilities	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	None

Existing Structure: (if permit being applied for is relevant to it)	Length: 80'	Width: 50'	Height: 21'
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	with Loft	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	with a Porch	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	with (2nd) Porch	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	with a Deck	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input checked="" type="checkbox"/> Commercial Use	with (2nd) Deck	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	with Attached Garage	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Mobile Home (manufactured date) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input checked="" type="checkbox"/>	Accessory Building (specify) 3-SIDED SHED FOR APPS	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Rec'd for Issuance	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Special Use: (explain) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Conditional Use: (explain) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/>	Other: (explain) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **ROY'S POINTE LIMITED PARTNERSHIP** Date: **10/27/17**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **[Signature]** Date: **10/27/17**
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

has below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached Map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road 146	180 Feet	Setback from the Lake (ordinary high-water mark)	530' Feet
Setback from the Established Right-of-Way 123	180 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	166 Feet		
Setback from the South Lot Line	14 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	204 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	10' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	NA Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: NA	# of bedrooms: NA	Sanitary Date: NA		
Permit Denied (Date):	Reason for Denial:					
Permit #: 17-0448	Permit Date: 10-31-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	NA
Granted by Variance (B.O.A.)	Case #: NA					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Project location as identified by applicant appears to identify a code compliant location. OK to issue LU. plates Classification (1)		Zoning District (RAB)				
Date of Inspection: 10/20/2017	Inspected by: Robert Schuman	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached)		Must secure Commercial Building Permit if so required by state statute.				
Signature of Inspector: [Signature]		Date of Approval: 10/30/2017				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

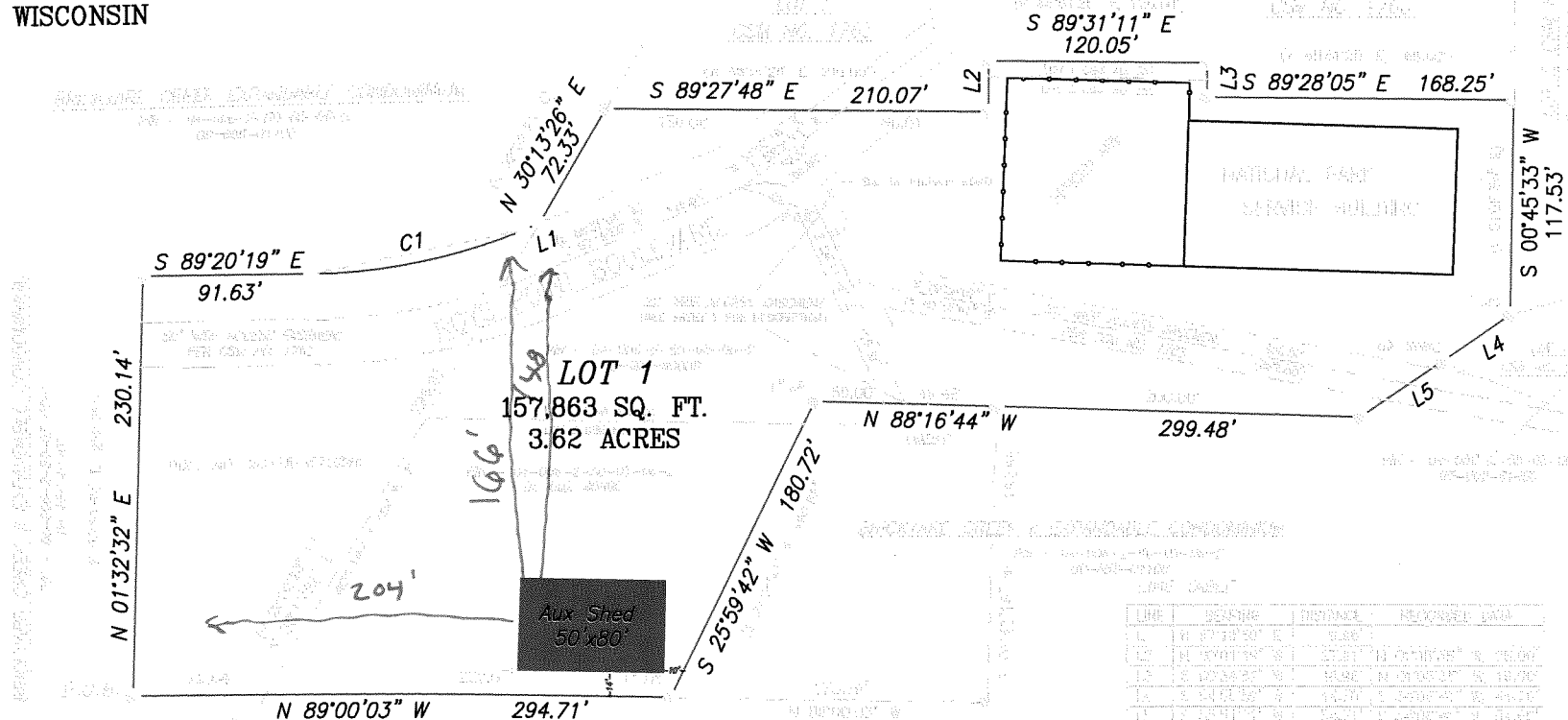
BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 2018

LOCATED IN LOTS 1, 2 AND 3 OF CERTIFIED SURVEY MAP NO. 211, RECORDED IN VOLUME 2 OF CSM ON PAGE 263 AND OTHER LANDS LOCATED IN GOVERNMENT LOT 2 OF SECTION 6, T. 50 N., R. 3 W., IN THE TOWN OF BAYFIELD, BAYFIELD COUNTY, WISCONSIN



BEARINGS ARE BASED ON THE WEST LINE OF THE NW 1/4 OF SECTION 6, ASSUMED AS S 00°22'45" W

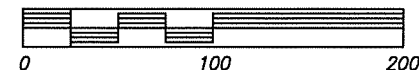
FOR
S. 6
ALL CASING



LINE	BEARING	DISTANCE	REMARKS
L1	N 01°32'32" E	230.14'	
L2	S 89°20'19" E	91.63'	
L3	S 89°27'48" E	210.07'	
L4	S 89°31'11" E	120.05'	
L5	S 89°28'05" E	168.25'	
L6	S 00°45'33" W	117.53'	
L7	N 88°16'44" W	299.48'	
L8	S 25°59'42" W	180.72'	
L9	N 89°00'03" W	294.71'	

LINE	BEARING	DISTANCE	REMARKS
L1	N 01°32'32" E	230.14'	
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L8	S 25°59'42" W	180.72'	
L9	N 89°00'03" W	294.71'	

SCALE: 1 INCH = 100 FEET



SW COR.
GOV'T LOT 2

ARE OUTSIDE DIAMETER

1 PIPE, UNLESS NOTED OTHERWISE
WEIGHING 1.13 LBS/FT.

() - RECORDED DATA

JOB NO.: N17/093
SCALE: 1 INCH = 100 FEET
OCTOBER 24, 2017

DRAFTED BY: P. NELSON
FILE: N/TS0NR3W/SEC6/
ACAD/2017_RPLP_CSM PSDATA/2017_RPM
NB. 407 PG. 107 SHEET 1 OF 2 SHEETS

NELSON
SURVEYING
INCORPORATED

SURVEYING YOUR NECK OF THE WOODS SINCE 1964

101 W. MAIN STREET
SUITE 100
ASHLAND, WISCONSIN 54806
(715) 682-2692
FAX: (715) 682-5100

MAP NO. CSM 2944 ©

City, village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0443** Issued To: **Roys Point Limited Partnership / David Culberson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **6** Township **50** N. Range **3** W. Town of **Bayfield**

Gov't Lot Lot **1** Block Subdivision CSM# **2018**

For: **Commercial Accessory Structure: [1- Story; 3-Sided Shed (80' x 50') = 4,000 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must secure commercial building permit if so required by State Statute.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

October 31, 2017

Date